

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05809

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 yrs.
 Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Ida Belle Bilbrough

3. (b) Social Security Number

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Thomas

7. Birth date of deceased (mo., day, yr.) Feb. 9 1875 8. (c) If alive, give age years

8. AGE: Years 71 Months 4 Days 15 It less than one day
 hrs. min.

9. Birthplace Greensboro Caroline Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Albert Smith13. Birthplace Md.14. Maiden name Mary Jane Shockley15. Birthplace Maryland16. Informant Miss. Etzie BilbroughAddress Greensboro Md.

17. Burial Date thereof 6/29/46
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory GreensboroLocation Greensboro, Md.18. Funeral director Raymond B. RawlingsAddress Greensboro, Md.

19. June 29 1946 L. McPiper
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1946 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 1946 to June 26 1946
 and that I last saw her alive on June 25 1946

Immediate cause of death

Coronary Myocarditis

DURATION

Due to

Due to

Other conditions

Coronary Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Charles H. Stump
 Address Greensboro Md Date signed 6/28/46

RECEIVED
JUL 1 1945
FOREAT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B12)

05810

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County... *Caroline*
 City or town... *Greensboro Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *4 3 yrs.*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... *Maryland* County... *Caroline*
 City or town... *Greensboro Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Josephine Madeline Brogley

3. (b) Social Security Number

R18-20-7150

4. Sex

F. White

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Louis Brogley

7. Birth date of deceased (mo., day, yr.)

June 23 1882

6. (c) If alive, give age

73 years

8. AGE:

63 Years 11 Months 22 Days If less than one day

9. Birthplace

Hobbes Maryland (Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Aron Whilloby

12. Name

Maryland

13. Birthplace

Mary Cowle

14. Maiden name

Maryland

15. Birthplace

Louis Brogley

16. Informant

Greensboro, Md.

17. Address

Burial Date thereof 6/18/46

18. Cemetery or crematory

Holy Cross

19. Location

Near Greensboro, Raymond B. Rawlings

20. Funeral director

Greensboro, Md.

21. Address

June 18 1946 L. M. Lippin

22. (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1946 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 1946 to June 15 1946

and that I last saw him alive on June 12 1946

Immediate cause of death

Acute myocardial infarction

Due to

Chronic heart disease

Due to

Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Stokes

Address Greensboro Md. Date signed June 17 1946

RECEIVED
JUN 19 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136a

CERTIFICATE OF DEATH

05811

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md. County Caroline
 City or town Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John C. Brown

3. (b) Social Security Number

4. Sex m. 5. Color or race w 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife

Ella H. Gray

7. Birth date of deceased (mo., day, yr.)

Sept. 29. 1867

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

7882

hrs.

min.

9. Birthplace

Greensboro Caroline Co Md.
(Town, county, and state)

10. Usual occupation

Merchant

11. Industry or business

FATHER

12. Name

John C. Brown

13. Birthplace

md.

MOTHER

14. Maiden name

Rachel Hughes

15. Birthplace

md.

16. Informant

Mrs. Ella Brown

Address

Greensboro Md.

17.

(Burial, cremation, or removal) Which?

Date thereof

June 4, 1946
(month) (day) (year)

Cemetery or crematory

Greensboro

Location

Greensboro Md.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro Md.

19.

(Date rec'd by registrar)

19

June 4 1946 L. M. Pippin

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 19 46 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1, 1945 to June 1, 1946and that I last saw him alive on June 1 19 46

Immediate cause of death

Chronic nephritis

Due to

Arteriosclerotic Cardiovascular Disease

Due to

Hypertensive Arteritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

Charles H. Stoney M.D. brother

Address

Greensboro Md.

Date signed

June 3, 1946

RECEIVED
JUN 6 1946
BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 14

CERTIFICATE OF DEATH

05812

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town Denton Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Denton - Hillsboro Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Denton - Hillsboro Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sarah Elizabeth Brown

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Raymond W. Brown6. (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.)

July 8, 1891

8. AGE:

Years

54

Months

11

Days

6

If less than one day

hrs.

min.

9. Birthplace

Caroline County, Md.

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

FATHER

12. Name

William H. Thomas

13. Birthplace

Caroline County, Md.

MOTHER

14. Maiden name

Amelia Mathews

15. Birthplace

Caroline County, Md.

16. Informant

Martha Murphy

Address

Denton, Md. R. F. D.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof June 17, 1946
(month) (day) (year)

Cemetery or crematory

Sandtown Cemetery

Location

Near Hillsboro, Maryland

19. Funeral director

J. J. Frampton and Son

Address

Federalburg, Md.

19.

6/17
(Date rec'd by registrar)

19.

46Wm. D. George
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1946, at 12:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 4, 1946, to June 14, 1946
and that I last saw him alive on June 4, 1946

Immediate cause of death

Tuberculosis Meningitis

DURATION

10 da

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Stover
M. D. Registrar

Address

Date signed

June 15
1946

RECEIVED
JUN 24 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933

CERTIFICATE OF DEATH

05813
Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline
City or town Ridgely
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ridgely
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

William C. Cahall

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Louise Martha Cahall
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) August 15, 1857
8. AGE: Years 88 Months 9 Days 30 If less than one day _____ hrs. _____ min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)
10. Usual occupation Retired Merchant
11. Industry or business Merchant
12. Name Thomas Henry Cahall
13. Birthplace Caroline County, Maryland
14. Maiden name Augusta Atwell
15. Birthplace Caroline County, Maryland

16. Informant Miss Josephine Cahall
Address Ridgely, Maryland

17. Burial Date thereof June 17, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Chestfield Cemetery
Location Centerville, Maryland

18. Funeral director J. J. Trautman and Son
Address Federalsburg, Maryland

19. June 15 1946
(Date rec'd by registrar) J. D. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946 at 3:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1946 to June 14 1946
and that I last saw him alive on June 14 1946

Immediate cause of death Myocardial Infarction
DURATION

Due to Chronic Myocarditis
Due to Coronary Arteriosclerosis

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
Name of Injury _____ Injured at work? _____

23. SIGNATURE George A. White M.D.
Address Ridgely Date signed 15 June 1946

RECEIVED

JUN 18 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05814

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County... Caroline
 City or town... Denton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred: 301 Bay Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Caroline
 City or town... Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex M 5. Color or race W. 6.(a) Single, married, widowed, or divorced widow
 6.(b) Name of husband or wife Eljah Griffith. Wed.
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) April 11th 1876
 8. AGE: Years 70 Months 1 Days 20 If less than one day hrs. min.

9. Birthplace Near Denton, Maryland
(Town, county, and state)10. Usual occupation at home

11. Industry or business

12. Name William Booker13. Birthplace Maryland14. Maiden name Eljah15. Birthplace Maryland16. Informant Mrs. Martha DehugleAddress Denton, Md.17. Buried Date thereof 6-8-46
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Denton CemeteryLocation Denton, Maryland18. Funeral director J. Virgil MorrissonAddress Maryland, Md.19. 6-8 1946 M. D. O. Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1946 at O.P.I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1946 to June 5 1946and that I last saw him alive on June 5 1946Immediate cause of death Myocardial infarction DURATION 3 daysDue to Diabetes mellitus unknownDue to Diabetes mellitus unknownOther conditions Diabetes mellitus unknown

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE W. L. Jones M.D. M. D. or otherAddress W. L. Jones M.D. Date signed 6/7

RECEIVED

JUN 13 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47d

CERTIFICATE OF DEATH

05815

Reg. Dist. No.

67

1. PLACE OF DEATH:

County.....Caroline
City or town.....Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....2 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Caroline
City or town.....Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Thomas Penn Ball

3. (b) Social Security Number

215-12-6184

4. Sex.....M. 5. Color or race.....W. 6.(a) Single, married, widowed, or divorced.....married
6.(b) Name of husband or wife.....Myrtle Todd Ball
6.(c) If alive, give age.....55 years
7. Birth date of deceased (mo., day, yr.).....Mar. 4 1885
8. AGE: Years.....61 Months.....4 Days.....12 If less than one day.....hrs.min.

MEDICAL CERTIFICATION

20. DATE OF DEATH.....June 16 1946 at.....6 p M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from.....June 14 1946 to.....June 14 1946
and that I last saw h in alive on.....June 14 1946
Immediate cause of death.....Carcinoma of lung
DUE TO.....
DUE TO.....
Other conditions.....

DURATION

14 mo.

9. Birthplace.....Penn.
(Town, county, and state)
10. Usual occupation.....Day Labor
11. Industry or business.....
12. Name.....J. R. Ludwick
13. Birthplace.....Penn.
14. Maiden name.....Mary
15. Birthplace.....Penn.
16. Informant.....Euse Thomas Taylor
Address.....Rd. 1 Denton Ind.
17. Burial Date thereof.....6-19-46
(Burial, cremation, or removal. Which?).....(month) (day) (year)
Cemetery or crematory.....Greenbush Cemetery
Location.....Greenbush Ind.
18. Funeral director.....J. Higginson & Son
Address.....Denton Ind.
19. Date rec'd by registrar.....6/19/46 Registrar.....W. O. Jones

(Include pregnancy within 3 months of death)
Major findings of operations.....bronchoscopic - revealed carcinoma Date of op.....May 1945
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?.....(City or town).....(County).....(State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?.....
23. SIGNATURE.....Paul Knuth M.D.
M. D. or other.....
Address.....Denton Ind. Date signed.....6/18/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 24 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B3

CERTIFICATE OF DEATH

05816

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 weeksHospital, institution, or street address where death occurred:
Brown State Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County SussexCity or town Georgetown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Isaac E. Hollowell

3. (b) Social Security Number

None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>	
6.(b) Name of husband or wife <u>Sallie D. Hollowell</u>		6.(c) If alive, give age <u>63</u> years	
7. Birth date of deceased (mo., day, yr.) <u>February 21, 1874</u>			
8. AGE: Years <u>72</u>	Months <u>4</u>	Days <u>3</u>	It less than one dayhrs.min.

9. Birthplace Sussex County, Delaware
(Town, county, and state)10. Usual occupation Retired Farmer11. Industry or business Farm12. Name Thomas Hollowell13. Birthplace Pennsylvania14. Maiden name Regina Downham15. Birthplace Delaware16. Informant Mrs. Thurston JonesAddress Federalburg, Maryland17. Burial Date thereof June 27, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hill Crest CemeteryLocation Federalburg, Maryland18. Funeral director J. J. Frampton and SonAddress Federalburg, Maryland19. June 26, 1946 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1946 at 7:40 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12, 1946 to June 24, 1946and that I last saw him alive on June 24, 1946Immediate cause of death UremiaDURATION
6/21/46Due to Chronic nephritis Unknown

Due to _____

Other conditions Arteriosclerosis Unknown

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Michelson M.D. M. D. or other _____Address Bridgette Hill Date signed 6/26/46

RECEIVED
JUN 28 1946
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Y32*

CERTIFICATE OF DEATH

05817

Reg. Dist. No. *64*

1. PLACE OF DEATH:

County *Caroline*
 City or town *Federalsburg - Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *Life*
 Hospital, institution, or street address where death occurred:
Mission
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State *Maryland* County *Caroline*
 City or town *Federalsburg - Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *Mission*
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

W. Francis Hammond

3. (b) Social Security Number

None

4. Sex *Male* 5. Color or race *Colored* 6.(a) Single, married, widowed, or divorced *Widowed*
 6.(b) Name of husband or wife *Sarah Hammond*
 8.(c) If alive, give age *—* years
 7. Birth date of deceased (mo., day, yr.) *August 12, 1861*
 8. AGE: Years *84* Months *9* Days *27* If less than one day
hrs.min.

9. Birthplace *Caroline County, Maryland*
 (Town, county, and state)
 10. Usual occupation *Retired Farmer*
 11. Industry or business *Farm*
 12. Name *William Hammond*
 13. Birthplace *Caroline County, Maryland*
 14. Maiden name *Sarah Hubbard*
 15. Birthplace *Caroline County, Maryland*

16. Informant *Arwood R. Hammond*
 Address *Federalsburg, Maryland, P.F.O.*
 17. *Burial* Date thereof *June 13, 1946*
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory *St. Paul Cemetery*
 Location *Near Federalsburg, Maryland*
 18. Funeral director *J. J. Frampton and Son*
 Address *Federalsburg, Maryland*
 19. *June 11, 1946* *J. J. Frampton*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 9, 1946* at *11:20 A.M.*
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *June 9, 1946* to *June 9, 1946*
 and that I last saw him alive on *June 9, 1946*
 Immediate cause of death

DURATION

Cerebral Hemorrhage *May 25 - 1946*
Recurrent or second attack
June 8 - 1946
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Injured at work?
 Means of injury
 23. SIGNATURE *J. J. Frampton* M. D. or other *6/10/46*
 Address *Burton* Date signed

MARGIN RESERVED FOR BINDING

VS A15

9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1384

RECEIVED
JUN 21 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

05818

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County... Caroline
 City or town... Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Life
 Hospital, institution, or street address where death occurred:
Near Howard's School
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Caroline
 City or town... Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Near Howard's School
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Lewis H. Haynes

3. (b) Social Security Number

4. Sex... Male 5. Color or race... Colored 6.(a) Single, married, widowed, or divorced... married
 6.(b) Name of husband or wife... Bessie Haynes
 6.(c) If alive, give age... 54 years
 7. Birth date of deceased (mo., day, yr.)... September 2, 1889
 8. AGE: Years... 56 Months... 9 Days... 3 It less than one day... hrs. min.

9. Birthplace... Caroline County, Maryland
 (Town, county, and state)
 10. Usual occupation... Farmer
 11. Industry or business... Farm

12. Name... Charles Haynes
 13. Birthplace... Caroline County, Maryland
 14. Maiden name... Mary Jane Seale
 15. Birthplace... Caroline County, Maryland

16. Informant... Mrs. Bessie Haynes
 Address... Preston, Maryland, R.F.D.

17. Burial Date thereof... June 9, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Harmony Cemetery
 Location... Near Preston, Maryland

18. Funeral director... J. J. Fraughton & Son
 Address... Federalsburg, Maryland

19. June 9 1946 C. D. Plummer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 5 1946, at 8:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1944 to May 31 1946
 and that I last saw him alive on May 31 1946

Immediate cause of death... Cerebral Hemorrhage
 Due to... Hypertension

Due to...
 Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...
 Date of op. ...

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... H. H. Small M.D.
 M. D. or other
 Address... Denton Md Date signed... June 6-1946

RECEIVED
JUN 12 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

05819

Reg. Dist. No. 62

1. PLACE OF DEATH:

County..... Caroline
City or town..... Denton Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 10 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Md County..... Carver
City or town..... Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Sallie Florence Jackson

3. (b) Social Security Number

4. Sex..... F 5. Color or race..... W. 6. (a) Single, married, widowed, or divorced..... married

6. (b) Name of husband or wife..... William Jackson

7. Birth date of deceased (mo., day, yr.)..... Oct. 6th 1867 6. (c) If alive, give age..... 81 years

8. AGE: Years..... 78 Months..... 9 Days..... 23 If less than one day..... hrs. min.

9. Birthplace..... Goldsboro, Maryland
(Town, county, and state)

10. Usual occupation..... at home

11. Industry or business.....

12. Name..... Henry Killinsworth

13. Birthplace..... Maryland

14. Maiden name..... Elizabeth Jones

15. Birthplace..... Maryland

16. Informant..... William Jackson (husband)

Address..... 1 Denton Rd

17. Buried..... Buried Date thereof..... 6-30-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or cremation..... Denton Cemetery

Location..... Denton Maryland

18. Funeral director..... J. Virgil Mason & Son

Address..... Denton Md.

19. 6/30 46 M D Georgia
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 27 19..... 46 at..... 2 P M

21. CERTIFY that death occurred on the date above stated; that I attended deceased from..... May 20 19..... 46 to..... June 27 19..... 46
and that I last saw him alive on..... June 26 19..... 46

Immediate cause of death.....

Cor Myocarditis

Coronary Artery Disease

C. hypofibrinemia

Due to.....

Due to.....

Other conditions..... Grade 1 hemiplegia

Caused by cerebral hemorrhage
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Injured at work?

Means of injury.....

23. SIGNATURE..... Charles X. Hines
M. D. or other..... June 30

Address..... Greensboro Md Date signed..... 30

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 2 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 420

05820

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: *Caroline*
County.....
City or town.....*Greensboro*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *24 hrs.*
Hospital, institution, or street address where death occurred:
Stewart Hospital
How long in hospital or institution? *24 hrs.*

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....*Maryland* County.....*Queen Annes*
City or town.....*Siddlersville*
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....☒

3. (a) FULL NAME
Hazel Macomber

3. (b) Social Security Number

4. Sex.....*F.* 5. Color or race.....*White* 6. (a) Single, married, widowed, or divorced.....*Single*

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....*No Record* 8. (c) If alive, give age..... years

8. AGE: Years.....*About 50* Months..... Days..... If less than one day..... hrs. min.

9. Birthplace.....*Canandaigua Ontario N.Y.*
(Town, county, and state)

10. Usual occupation.....*Housework*

11. Industry or business.....

MOTHER FATHER 12. Name.....*W. Macomber*

13. Birthplace.....*New York*

14. Maiden name.....*Sarah*

15. Birthplace.....*New York*

16. Informant.....*J. Wilbur Stafford*

Address.....*Siddlersville Md.*

17. Burial.....*Funeral* Date thereof.....*7/15/46*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....*Canandaigua*

Location.....*Canandaigua, New York*

18. Funeral director.....*Raymond B. Rawlings*

Address.....*Greensboro, Md.*

19. Date rec'd by registrar.....*July 1st 1946* Registrar.....*L. M. Pippin*

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*June 30* 19*46*, at *4 P.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *June 29* 19*46* to *June 30* 19*46*.

and that I last saw him alive on *June 30* 19*46*.

Immediate cause of death.....

Carcinoma of Cervix

Metastases to

Due to.....*bone ligament.*

Due to.....

Due to.....

Other conditions.....*Cerebral*

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Antopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE.....*Clash & Hough*

Address.....*Greensboro Md* Date signed.....*30 1946*

RECEIVED
JUL 5 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

05821

CERTIFICATE OF DEATH

★ Reg. Dist. No. 62

1. PLACE OF DEATH:

County... CarolineCity or town... Denton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... CarolineCity or town... Denton
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Infant Meeks

3. (b) Social Security Number

4. Sex M 5. Color or race light 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age

7. Birth date of deceased (mo., day, yr.) 3 June 19468. AGE: Years Months Days If less than one day
..... hrs. 20 min.9. Birthplace Denton, Caroline, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Duke Meeks13. Birthplace Denton, Maryland14. Maiden name Marie Lee Meeks15. Birthplace Cambridge, Maryland16. Informant Duke MeeksAddress Denton, Maryland17. Burial Date thereof June 4, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory DentonLocation Denton, Maryland18. Funeral director F. ThielAddress Denton, Maryland19. 6/4/46 M.D. Meeks
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 19 46, at 2:3521. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 19 46 to June 23 19 46and that I last saw him alive on June 3 19 46Immediate cause of death Chronic liver disease

Other conditions

Due to

Due to

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 13 1946
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 546

CERTIFICATE OF DEATH



Reg. Dist. No. 05822 64

1. PLACE OF DEATH:

County CarolineCity or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life
Hospital, institution, or street address where death occurred:
212 West Central Avenue

How long in hospital or institution?

3. (a) FULL NAME

Thomas L. Nichols

3. (b) Social Security Number

212-12-3077

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Della M. Nichols6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

April 7, 1884

8. AGE:

Years

62

Months

2

Days

1

If less than one day

.....hrs.min.

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Employee in Button Factory

11. Industry or business

Maryland Plastics, Inc.

MOTHER

FATHER

12. Name John Edward Nichols13. Birthplace Caroline County, Maryland14. Maiden name Henrietta Smith15. Birthplace Caroline County, Maryland

16. Informant

Mrs. Della M. NicholsAddress Federalburg, Maryland

17.

Burial

(Burial, cremation, or removal) Which?

Date thereof June 11, 1946
(month) (day) (year)Cemetery or crematory Hill Crest CemeteryLocation Federalburg, Maryland

18. Funeral director

J. J. Frampton and SonAddress Federalburg, Maryland

19.

June 11, 1946
(Date rec'd by registrar)J. J. Frampton
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)Street No. 212 West Central Avenue
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1946 at 2:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1, 1946 to June 8, 1946and that I last saw him/her alive on June 8, 1946

Immediate cause of death

Carcinoma of prostate
2 general and
metastases

DURATION

1 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. Anderson, M.D.
Federalburg, Md. M. D. or otherAddress Federalburg, Md. Date signed 6/11/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 21 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Chadron, Rural Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Sept. 3, 1858

8. AGE:

Years

Months

Days

If less than one day

8794

.....hrs.min.

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 7

19

46, at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 3

19

46, toJune 7

19

46

and that I last saw him alive on

June 6

19

46

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Arthur D. George

M. D. or other

Address

Denton Md

Date signed

6/8/46

RECEIVED
JUN 13 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 115-0

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County... Caroline
 City or town... Federalsburg md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution?... no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... md County... Caroline md
 City or town... Federalsburg md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... na
 (If rural, give LOCATION) ★
 2.(a) If veteran, name war... World War No. 1

3. (a) FULL NAME

Charles P Pinkens

3. (b) Social Security Number

Last

4. Sex... male 5. Color or race... A. A. 6. (a) Single, married, widowed, or divorced... Married
 6. (b) Name of husband or wife... Effie Bell Pinkens
 yes yes 6. (c) If alive, give age... Don't know years
 7. Birth date of deceased (mo., day, yr.)... about 1896
 8. AGE: Years... about 49 Months... Days... If less than one day... hrs. min.

9. Birthplace... Federalsburg md
 (Town, county, and state)
 10. Usual occupation... laborer
 11. Industry or business... Same as above
 12. Name... Clemuel Rickett
 13. Birthplace... Federalsburg md.
 14. Maiden name... Lillie P. Pinkens
 15. Birthplace... Federalsburg, md.

16. Informant... Lacy Mc Kenley Pinkens
 Address... Federalsburg md
 17. Burial, cremation, or removal. Which? Burial Date thereof... June 25-1946
 (month) (day) (year)
 Cemetery or crematory... Federalsburg
 Location... Federalsburg md
 18. Funeral director... James P. Stewart
 Address... Salisbury md.
 19. June 24 19 46
 (Date rec'd by registrar) S. J. Frampton Registrar

MEDICAL CERTIFICATION

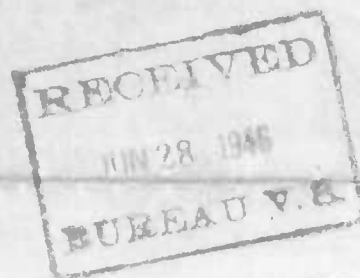
20. DATE OF DEATH... June 22 19 46 at 10:30 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 46 to June 22 19 46
 and that I last saw him alive on June 22 19 46
 Immediate cause of death... Septicemia
Infection of the
throat
 Due to... 2 mo.
 Due to... 6 mo.
 Other conditions... Hypertension
 (Include pregnancy within 3 months of death)

Major findings of operations... Date of op. ...

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... Hayward T. Delf N. D. M. D. or other
 Address... Salisbury md. Date signed 6/23/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 322

CERTIFICATE OF DEATH

05825

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline
 City or town Ridgely Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 3 months
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Ridgely Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Sarah E. Savage

3. (b) Social Security Number

219-05-49334. Sex F 5. Color or race B. 6. (a) Single, married, widowed, or divorcedMarried6. (b) Name of husband or wife Herman

7. Birth date of

deceased (mo., day, yr.)

June 5 1877

8. AGE:

69 Years

Months

Days

If less than one day

25 hrs. min.9. Birthplace Ridgely Caroline Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Perry Smith13. Birthplace Maryland14. Maiden name Anna Thomas15. Birthplace Maryland16. Informant Herman SavageAddress Ridgely Rural17. Burial Date thereof 7/2/46

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory MissionLocation Near Ridgely Md.18. Funeral director Raymond B. PawlingAddress Greensboro, Md.19. July 2 19. 46

(Date recorded by registrar)

Mrs. J. B. DavisRidgely, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 19. 46 at 3:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 2 19. 46 to June 30 19. 46and that I last saw her alive on June 29 19. 46

Immediate cause of death

Chronic RheumatismDue to Chronic Rheumatism

Due to

Other conditions Left Coroner's VerdictDisease
(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Chas. W. StonerAddress Greenboro MdDate signed 7/2/46

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JUL 3 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05826

★ Reg. Dist. No. 60

1. PLACE OF DEATH: *Caroline*
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *19 yrs.*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*Maryland* County.....*Caroline*
 City or town.....*Goldsboro*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
William T. Thompson

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*
 6. (b) Name of husband or wife.....*Susie*
 6. (c) If alive, give age *70* years
 7. Birth date of deceased (mo., day, yr.) *Nov. 13 1870*
 8. AGE: Years *75* Months *7* Days *14* If less than one day
hrs.min.

9. Birthplace.....*Wil. Del.*
 (Town, county, and state)
 10. Usual occupation.....*Farmer*

11. Industry or business
 12. Name.....*William Thompson*
 13. Birthplace.....*Unknown*
 14. Maiden name.....*Catharine Nickerson*
 15. Birthplace.....*Wil. Del.*

16. Informant.....*Mrs. Susie Thompson*
 Address.....*Goldsboro, Md.*

17. Burial Date thereof.....*7/1/46*
 (Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory.....*Basis*
 Location.....*Near Barclay Md.*

18. Funeral director.....*Raymond B. Rawlings*
 Address.....*Greensboro, Md.*

19. *6/28* 19*46*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*June 27* 19*46* at *840 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
9/25 19*46* to *9/27* 19*46*
 and that I last saw him live on *9/27* 19*46*

Immediate cause of death.....*Coronary Thrombosis* DURATION *2 hrs*

Due to.....*Arterial Sclerosis*

Due to.....*Age*

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*H. G. Silver* M. D. or other

Address.....*Goldsboro Md* Date signed.....*9/25/46*

RECEIVED
JUL 2 1946
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 16 years

Hospital, institution, or street address where death occurred:

WackertownHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Wackertown
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

Ida B. Todd

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Charles W. Todd6. (c) If alive, give age 80 years7. Birth date of deceased (mo., day, yr.) October 8, 1870

8. AGE: Years

75

Months

8

Days

1

If less than one day

.....hrs.min.

9. Birthplace Delaware

(Town, county, and state)

10. Usual occupation Housewife11. Industry or business Home12. Name William S. Lewis13. Birthplace Delaware14. Maiden name Georgianna Cabell15. Birthplace Delaware16. Informant Charles W. ToddAddress Federalburg, Maryland17. Burial (Burial, cremation, or removal. Which?) BurialDate thereof June 12, 1946

(month) (day) (year)

Cemetery or crematory Hill Crest CemeteryLocation Federalburg, Maryland18. Funeral director J. J. Frampton and SonAddress Federalburg, Maryland

19. June 11, 1946 J. J. Frampton

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1946 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 10, 1946 to June 9, 1946and that I last saw her alive on June 9, 1946Immediate cause of death Cerebral hemorrhage DURATION4/10/46Due to Atherosclerosis 1934

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bridgeville, Md. M.D.Address Bridgeville, Md. Date signed 6/11/46

MARGIN RESERVED FOR BINDING

VS A15

9-43-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 21 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 yrs
 Hospital, institution, or street address where death occurred: R. F. D.
 How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R. F. D.
 (If rural, give LOCATION)
 2(a) If veteran, name war no

3. (a) FULL NAME

James Edward Townsend

3. (b) Social Security Number

213-14-6815

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

May 19, 1901

8. AGE:

Years

Months

Days

If less than one day

45111

hrs.

min.

9. Birthplace

East New Market, Md.Merchant Marine (Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

12. Name Thomas A. Townsend

13. Birthplace

Maryland

14. Maiden name

Maggie Zittel

15. Birthplace

Maryland

16. Informant

Mrs. Tillie Hurst

Address

Secretary, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

East New Market

Location

East New Market

18. Funeral director

J. Harvey Williamson

Address

Federalburg, Maryland

19. July 2

(Data rec'd by registrar)

19. 46

J. E. Davis

Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 30, 1946, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....

and that I last saw him live on 19.....

Immediate cause of death

Fractured SkullAmputated Rt. Leg.Hemorrhage of Pleth.

23. SIGNATURE

James E. DavisDeputy RegistrarJuly 1, 1946AddressJuly 1, 1946

RECEIVED
JUL 22 1946
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County... Caroline
 City or town... Goldsboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 yrs.
 Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Caroline
 City or town... Goldsboro Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Harrison Warner

3. (b) Social Security Number

218-20-5231

4. Sex

Male

5. Color or race

B.

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Sarah

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Mar. 8 1888

8. AGE:

Years

Months

Days

If less than one day

58313

hrs.

min.

9. Birthplace

Greensboro Caroline Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Harrison Warner

12. Name

13. Birthplace

Maryland

14. Maiden name

Francis Mattee

15. Birthplace

Maryland

16. Informant

Hitcher Warner

Address

Greensboro, Md.17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

6/23/46

(month) (day) (year)

Cemetery or crematory

Union

Location

Near Greensboro, Md.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro, Md.19. June 22, 1946

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 21, 1946, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 13, 1946, to June 21, 1946,and that last saw him alive on June 20, 1946.

Immediate cause of death

Salmonella Tuberculosis

DURATION

2 yrs (7)

Due to

Due to

Other conditions

Chronic Myocarditis

(Include pregnancy within 6 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Charles H. Strengthen

Address

Greensboro MdDate signed 6/22/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 2 1946
BUREAU V B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County... CarolineCity or town... Greensboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Penna. County...City or town... Marcus Hook
(If outside city or town limits, write RURAL and give nearest town)Street No. 1205 Market St.
(If rural, give LOCATION)

2(a) If veteran, name war...

3. (a) FULL NAME

Charles Henry Webber

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed or divorced

Married

6. (b) Name of husband or wife

Melissa6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.)

Mar. 18 1878

8. AGE:

Years

Months

Days

If less than one day

68221

hrs.

min.

9. Birthplace

Pexton Caroline Md.
(Town, county, and state)

10. Usual occupation

Hard

11. Industry or business

FATHER

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal Which?)

18. Cemetery or crematory

Location

19. Funeral director

Address

20. Date rec'd by registrar

21. Registrar

22. Date signed

23. Address

24. Date signed

25. Address

26. Date signed

27. Address

28. Date signed

29. Address

30. Date signed

31. Address

32. Date signed

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1946 at 9:38 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 7 1946 to June 8 1946and that I last saw him alive on June 7 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

5 days

Due to

Due to

Other conditions

Previous cerebral hemorrhage
4/26/46.
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Paul Muth M.D.

M. D. or other

Address

Penn. Md.

Date signed

6/10/46

MARGIN RESERVED FOR BINDING

VS A15

9.45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05830

RECEIVED

JUN 13 1946

U V S

RECEIVED

JUN 13 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

15831

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
University Avenue
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. University Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Alexander M. Williams

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Rosie E. Williams

7. Birth date of deceased (mo., day, yr.)

April 25, 18708. (c) If alive, give age 67 years

8. AGE:

Years

Months

Days

If less than one day

76125

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation

Contractor

11. Industry or business

House Carpenter

FATHER

12. Name

William A. Williams

13. Birthplace

Dorchester County, Maryland

MOTHER

14. Maiden name

Frances Parks

15. Birthplace

Dorchester County, Maryland

16. Informant

Mrs. Rosie E. Williams

Address

Federalburg, Maryland

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof June 23, 1946
(month) (day) (year)

Cemetery or crematory

Free Creek Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19.

June 23, 1946
(Date rec'd by registrar)J. J. Frampton
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 20, 1946 at 11:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1, 1946 to June 20, 1946
and that I last saw h. A. A. alive on 6/20

Immediate cause of death

Cancer of stomach, unknown
& generalized metastases

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. —

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —

23. SIGNATURE

Fred M. Mendenhall M.D.
Address Federalburg Md. Date signed 6/23/46

RECEIVED
JUN 28 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 05832 62

1. PLACE OF DEATH:

County... Caroline
 City or town... near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 10 years
 Hospital, institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Caroline
 City or town... near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Maud Estela Wilson

3. (b) Social Security Number

4. Sex... F 5. Color or race... Col 6. (a) Single, married, widowed, or divorced... married
 6. (b) Name of husband or wife... George Wilson
 6. (c) If alive, give age... 53 years
 7. Birth date of deceased (mo., day, yr.)... May 30 1900
 8. AGE: Years... 45 Months... 1 Days... 21 It less than one day... _____ hrs. _____ min.

9. Birthplace... Petersburg, Virginia
 (Town, county, and state)
 10. Usual occupation... house work
 11. Industry or business... _____
 12. Name... not known
 13. Birthplace... Virginia
 14. Maiden name... Mary Scott
 15. Birthplace... Virginia

16. Informant... George Wilson (husband)
 Address... Bd. Denton Ind.
 17. Burial, cremation, or removal, Which?... Buried Date thereof... 6-29-46
 (month) (day) (year)
 Cemetery or crematory... Bella Chapel
 Location... near Denton Ind.
 18. Funeral director... J. Virgil Moore
 Address... Denton Ind.

19. 6/27 1946 Registrar... M. D. Gresham
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 24 1946, at 6 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____
 and that I last saw him... alive on _____ 19____
 Immediate cause of death... _____

Due to... Acute Myocarditis
 Due to... _____
 Other conditions... _____
 (Include pregnancy within 3 months of death)

Major findings of operations... _____ Date of op... _____
 Autopsy results... _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... _____ Date of... _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE... George Wilson M. D. or other
Deputy Medical Examiner
 Address... _____ Date signed... 6/27/46

RECEIVED

JUL 2 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05833

Reg. Dist. No. 63

1. PLACE OF DEATH:

County CarolineCity or town Preston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Emalene C. Wright

3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife B. Washington Wright

B.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 3, 1873

8. AGE: Years Months Days If less than one day

72 9 20 hrs. min.9. Birthplace Preston, Caroline, Maryland

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Capt. Charles S. Carmine13. Birthplace Caroline County, Md.14. Maiden name Mary Amelia Farquharson15. Birthplace Preston, Caroline, Maryland16. Informant Benjamin W. WrightAddress Preston, Md.17. Burial Date thereof June 26, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory M. E. Church CemeteryLocation Preston, Md.18. Funeral director H. M. HollisAddress Preston, Md.19. July 1 19 46 C. D. Plummer

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 19 46 at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death Heart when I saw himDue to fractured coronaryDue to fractured coronaryOther conditions Automobile injury -

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Norton GeorgeAddress DublinDate signed 6/26/46

RECEIVED

JUL 2 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 330

05834

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: Caroline County
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 days
 Hospital, institution, or street address where death occurred:
Stewards Hospital - Greensboro
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....MD County.....Talbot
 City or town.....Easton (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....Danvers Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Buelah E. Wrightson

3. (b) Social Security Number

None

4. Sex.....Female 5. Color or race.....white 6.(a) Single, married, widowed, or divorced.....Married

6.(b) Name of husband or wife.....William Samuel Wrightson

7. Birth date of deceased (mo., day, yr.).....Dec 11, 1889 6.(c) If alive, give age.....64 years

8. AGE: Years.....56 Months.....6 Days.....28 If less than one day..... hrs. min.

9. Birthplace.....Talbot Co. Md.
 (Town, county, and state)

10. Usual occupation.....Housewife

11. Industry or business.....

12. Name.....Theresa E. Charles

13. Birthplace.....Dorchester Co. Md.

14. Maiden name.....Laura Jones

15. Birthplace.....Dorchester Co. Md.

16. Informant.....Mary E. Hart

Address.....5204 Fenwickway, N. Balt.

17. Burial.....Burial Date thereof.....June 13, 1946

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory.....Oliver Cemetery

Location.....St. Michaels Md.

18. Funeral director.....Maurice E. Newman, Son

Address.....Easton, Maryland

19. June 11, 1946.....S. MacPine

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....June 9, 1946 at 9:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6, 1946 to June 9, 1946 and that I last saw him alive on June 9, 1946.

Immediate cause of death.....Cerebral Hemorrhage DURATION.....2 da

Due to.....Myocardial Infarction

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Manner of injury..... Injured at work?

23. SIGNATURE.....Clark H. Householder

Address.....Greensboro, Md. Date signed.....6-11-46

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JUN 13 1946

BUREAU